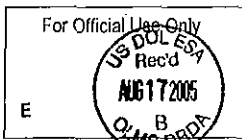


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11483</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Joseph</u> <u>Strong</u>  P.O. Box, Bldg., Room No., if any  Street <u>2114 S. I-80 Frontage Road</u> City <u>Joliet</u> State <u>Illinois</u> ZIP Code + 4 <u>60436</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers and Pipefitters Local 422</u> Labor Organization File Number <u>019-488</u>  P.O. Box, Building and Room Number, if any  Street <u>2114 S. I-80 Frontage Road</u> City <u>Joliet</u> State <u>Illinois</u> ZIP Code + 4 <u>60436</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph H. Strong</u>	On <u>8/10/05</u> Date	<u>(815) 725-0278</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Joliet Contractors Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 465 Ruby Street

City Joliet

State Illinois ZIP Code + 4 60435

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State ZIP Code + 4

## 11.a. Nature of such dealing.

The Contractors Association represents the employers of Local 422. There is no direct dealing between the Contractors Association and the Union.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Attendance at golf outing - \$220, seminar - \$150 and Christmas party - \$90.

## 12.b. Amount.

\$460

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor Management Standards  
200 Constitution Avenue, Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for 2004

Gentlemen:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period January 1, 2004 to December 31, 2004 fiscal year. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Joseph N. S...*  
*Business Agent*  
*8/10/05*